



**Outpatient Procedure Prior Authorization Exception List**  
 (Non-emergent surgeries and procedures that do not require Prior Authorization)  
 All services are subject to member eligibility, benefit plan coverage and medical necessity.  
**This list is subject to review and change. Last reviewed and approved by the Medical Director on 12/1/2023**

Code	DESCRIPTION	PA EXCEPTION EFFECTIVE DATE (DOS)	PA EXCEPTION ADD DATE	PA EXCEPTION REMOVE DATE
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	5/1/19	5/1/19	NA
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS, INCLUDING IMAGING GUIDANCE; FIRST LESION	5/1/19	5/1/19	NA
10036	METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS, INCLUDING IMAGING GUIDANCE; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	5/1/19	5/1/19	NA
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	5/1/19	5/1/19	NA
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	5/1/19	5/1/19	NA
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	5/1/19	5/1/19	NA
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	5/1/19	5/1/19	NA
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	5/1/19	5/1/19	NA
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	5/1/19	5/1/19	NA
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	5/1/19	5/1/19	NA
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	5/1/19	5/1/19	NA
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	5/1/19	5/1/19	NA
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CHRONIC OR RECURRENT MESH INFECTION OR NECROTIZING SOFT TISSUE INFECTION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN AND SUBCUTANEOUS TISSUES	5/1/19	5/1/19	NA
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	5/1/19	5/1/19	NA
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); FIRST 20 SQ CM OR LESS	5/1/19	5/1/19	NA
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	5/1/19	5/1/19	NA
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; SINGLE LESION	5/1/19	5/1/19	NA
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; EACH SEPARATE/ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROECUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	5/1/19	5/1/19	NA
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROECUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	5/1/19	5/1/19	NA
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM	5/1/19	5/1/19	NA
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM	5/1/19	5/1/19	NA
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA

11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	5/1/19	5/1/19	NA
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	5/1/19	5/1/19	NA
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR	5/1/19	5/1/19	NA
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA

11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	5/1/19	5/1/19	NA
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	5/1/19	5/1/19	NA
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	5/1/19	5/1/19	NA
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
11740	EVACUATION OF SUBUNGUAL HEMATOMA	5/1/19	5/1/19	NA
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL	5/1/19	5/1/19	NA
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
11760	REPAIR OF NAIL BED	5/1/19	5/1/19	NA
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	5/1/19	5/1/19	NA
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	5/1/19	5/1/19	NA
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	5/1/19	5/1/19	NA
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	5/1/19	5/1/19	NA
11901	INJECTION, INTRALESIONAL; MORE THAN 7 LESIONS	5/1/19	5/1/19	NA
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	5/1/19	5/1/19	NA
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	5/1/19	5/1/19	NA
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	5/1/19	5/1/19	NA
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	5/1/19	5/1/19	NA
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	5/1/19	5/1/19	NA
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	5/1/19	5/1/19	NA
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	5/1/19	5/1/19	NA
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	5/1/19	5/1/19	NA
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	5/1/19	5/1/19	NA

12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	5/1/19	5/1/19	NA
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM	5/1/19	5/1/19	NA
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	5/1/19	5/1/19	NA
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	5/1/19	5/1/19	NA
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	5/1/19	5/1/19	NA
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	5/1/19	5/1/19	NA
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	5/1/19	5/1/19	NA
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	5/1/19	5/1/19	NA
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	5/1/19	5/1/19	NA
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	5/1/19	5/1/19	NA
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	5/1/19	5/1/19	NA
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	5/1/19	5/1/19	NA
12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	5/1/19	5/1/19	NA
12034	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	5/1/19	5/1/19	NA
12035	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	5/1/19	5/1/19	NA
12036	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	5/1/19	5/1/19	NA
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	5/1/19	5/1/19	NA
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	5/1/19	5/1/19	NA
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	5/1/19	5/1/19	NA
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	5/1/19	5/1/19	NA
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	5/1/19	5/1/19	NA
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	5/1/19	5/1/19	NA
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	5/1/19	5/1/19	NA
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	5/1/19	5/1/19	NA
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	5/1/19	5/1/19	NA
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	5/1/19	5/1/19	NA
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	5/1/19	5/1/19	NA

13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	5/1/19	5/1/19	NA
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	5/1/19	5/1/19	NA
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	5/1/19	5/1/19	NA
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	5/1/19	5/1/19	NA
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	5/1/19	5/1/19	NA
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	5/1/19	5/1/19	NA
15101	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15121	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	5/1/19	5/1/19	NA
15787	ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	5/1/19	5/1/19	NA
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	5/1/19	5/1/19	NA
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/19	5/1/19	NA
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	5/1/19	5/1/19	NA
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	5/1/19	5/1/19	NA
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)	5/1/19	5/1/19	NA

16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY, OR 5% TO 10% TOTAL BODY SURFACE AREA)	5/1/19	5/1/19	NA
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN 1 EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA)	5/1/19	5/1/19	NA
16035	ESCHAROTOMY; INITIAL INCISION	5/1/19	5/1/19	NA
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); FIRST LESION	5/1/19	5/1/19	NA
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION)	5/1/19	5/1/19	NA
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES), 15 OR MORE LESIONS	5/1/19	5/1/19	NA
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	5/1/19	5/1/19	NA
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 TO 50.0 SQ CM	5/1/19	5/1/19	NA
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS	5/1/19	5/1/19	NA
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 15 OR MORE LESIONS	5/1/19	5/1/19	NA
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE, PROUD FLESH)	5/1/19	5/1/19	NA
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA

17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	5/1/19	5/1/19	NA
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	5/1/19	5/1/19	NA
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	5/1/19	5/1/19	NA
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	5/1/19	5/1/19	NA
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	5/1/19	5/1/19	NA
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	5/1/19	5/1/19	NA
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG, HEMATOXYLIN AND EOSIN, TOLUIDINE BLUE), HEAD, NECK, HANDS, FEET, GENITALIA, OR ANY LOCATION WITH SURGERY DIRECTLY INVOLVING MUSCLE, CARTILAGE, BONE, TENDON, MAJOR NERVES, OR VESSELS; EACH ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG, HEMATOXYLIN AND EOSIN, TOLUIDINE BLUE), OF THE TRUNK, ARMS, OR LEGS; EACH ADDITIONAL STAGE AFTER THE FIRST STAGE, UP TO 5 TISSUE BLOCKS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPPING, COLOR CODING OF SPECIMENS, MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON, AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG, HEMATOXYLIN AND EOSIN, TOLUIDINE BLUE), EACH ADDITIONAL BLOCK AFTER THE FIRST 5 TISSUE BLOCKS, ANY STAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	5/1/19	5/1/19	NA
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	5/1/19	5/1/19	NA
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	4/1/15	4/1/15	NA
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	4/1/15	4/1/15	NA
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	4/1/15	4/1/15	NA
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	4/1/15	4/1/15	NA
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	4/1/15	4/1/15	NA
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	4/1/15	4/1/15	NA
19100	#REF!	4/1/15	4/1/15	NA
19101	#REF!	4/1/15	4/1/15	NA
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	5/1/19	5/1/19	NA
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A PREOPERATIVE RADIOLOGICAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE	5/1/19	5/1/19	NA
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAMMOGRAPHIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	5/1/19	5/1/19	NA
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	5/1/19	5/1/19	NA
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE	5/1/19	5/1/19	NA
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT) CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	5/1/19	5/1/19	NA
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	5/1/19	5/1/19	NA
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT TISSUE BELOW THE DEEP FASCIA)	5/1/19	5/1/19	NA
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	5/1/19	5/1/19	NA
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	5/1/19	5/1/19	NA
20200	BIOPSY, MUSCLE; SUPERFICIAL	5/1/19	5/1/19	NA
20205	BIOPSY, MUSCLE; DEEP	5/1/19	5/1/19	NA
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	5/1/19	5/1/19	NA
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	5/1/19	5/1/19	NA
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	5/1/19	5/1/19	NA
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX)	5/1/19	5/1/19	NA
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)	5/1/19	5/1/19	NA
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	5/1/19	5/1/19	NA
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	5/1/19	5/1/19	NA
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	5/1/19	5/1/19	NA
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	5/1/19	5/1/19	NA
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	5/1/19	5/1/19	NA
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	5/1/19	5/1/19	NA
20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	5/1/19	5/1/19	NA
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")	5/1/19	5/1/19	NA
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	5/1/19	5/1/19	NA

20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	5/1/19	5/1/19	NA
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLES	5/1/19	5/1/19	NA
20600	#REF!	4/1/15	4/1/15	NA
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	4/1/15	4/1/15	NA
20605	#REF!	4/1/15	4/1/15	NA
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	4/1/15	4/1/15	NA
20610	#REF!	4/1/15	4/1/15	NA
20611	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) with ultrasound guidance	3/10/17	3/1/17	NA
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	5/1/19	5/1/19	NA
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	5/1/19	5/1/19	NA
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	5/1/19	5/1/19	NA
20670	REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	5/1/19	5/1/19	NA
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	5/1/19	5/1/19	NA
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	5/1/19	5/1/19	NA
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	5/1/19	5/1/19	NA
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME	5/1/19	5/1/19	NA
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	5/1/19	5/1/19	NA
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	5/1/19	5/1/19	NA

20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	5/1/19	5/1/19	NA
		5/1/19	5/1/19	NA
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	5/1/19	5/1/19	NA
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)	5/1/19	5/1/19	NA
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	5/1/19	5/1/19	NA
		5/1/19	5/1/19	NA
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH			
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	5/1/19	5/1/19	NA
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	5/1/19	5/1/19	NA
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	5/1/19	5/1/19	NA
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	5/1/19	5/1/19	NA
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	5/1/19	5/1/19	NA
21820	CLOSED TREATMENT OF STERNUM FRACTURE	5/1/19	5/1/19	NA
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	5/1/19	5/1/19	NA
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	5/1/19	5/1/19	NA
		5/1/19	5/1/19	NA
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
22116				
		5/1/19	5/1/19	NA
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR BRACING			
		5/1/19	5/1/19	NA
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT; EACH ADDITIONAL FRACTURED VERTEBRA OR DISLOCATED SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
		5/1/19	5/1/19	NA
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION			
		5/1/19	5/1/19	NA
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
		5/1/19	5/1/19	NA
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	5/1/19	5/1/19	NA
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	5/1/19	5/1/19	NA
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	5/1/19	5/1/19	NA
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	5/1/19	5/1/19	NA
		5/1/19	5/1/19	NA
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE			
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	5/1/19	5/1/19	NA

23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER ARTHROGRAPHY	5/1/19	5/1/19	NA
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	5/1/19	5/1/19	NA
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	5/1/19	5/1/19	NA
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	5/1/19	5/1/19	NA
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	5/1/19	5/1/19	NA
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/19	5/1/19	NA
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	5/1/19	5/1/19	NA
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	5/1/19	5/1/19	NA
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	5/1/19	5/1/19	NA
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH MANIPULATION	5/1/19	5/1/19	NA
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITHOUT MANIPULATION	5/1/19	5/1/19	NA
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	5/1/19	5/1/19	NA
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/19	5/1/19	NA
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	5/1/19	5/1/19	NA
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	5/1/19	5/1/19	NA
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	5/1/19	5/1/19	NA
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID [NAVICULAR]); WITHOUT MANIPULATION, EACH BONE	5/1/19	5/1/19	NA
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	5/1/19	5/1/19	NA
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	5/1/19	5/1/19	NA
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	5/1/19	5/1/19	NA
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	5/1/19	5/1/19	NA
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	5/1/19	5/1/19	NA
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	5/1/19	5/1/19	NA

26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	5/1/19	5/1/19	NA
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	5/1/19	5/1/19	NA
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	5/1/19	5/1/19	NA
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT MANIPULATION, EACH	5/1/19	5/1/19	NA
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	5/1/19	5/1/19	NA
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	5/1/19	5/1/19	NA
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	5/1/19	5/1/19	NA
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	5/1/19	5/1/19	NA
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	5/1/19	5/1/19	NA
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	5/1/19	5/1/19	NA
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	5/1/19	5/1/19	NA
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	5/1/19	5/1/19	NA
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITHOUT ANESTHESIA, WITHOUT MANIPULATION	5/1/19	5/1/19	NA
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	5/1/19	5/1/19	NA
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	5/1/19	5/1/19	NA
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/19	5/1/19	NA
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	5/1/19	5/1/19	NA
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	5/1/19	5/1/19	NA
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

27370	INJECTION OF CONTRAST FOR KNEE ARTHROGRAPHY	5/1/19	5/1/19	NA
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	5/1/19	5/1/19	NA
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	5/1/19	5/1/19	NA
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	5/1/19	5/1/19	NA
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	5/1/19	5/1/19	NA
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	5/1/19	5/1/19	NA
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	5/1/19	5/1/19	NA
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	5/1/19	5/1/19	NA
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	5/1/19	5/1/19	NA
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	5/1/19	5/1/19	NA
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	5/1/19	5/1/19	NA
28001	INCISION AND DRAINAGE, BURSA, FOOT	5/1/19	5/1/19	NA
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	5/1/19	5/1/19	NA
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	5/1/19	5/1/19	NA
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	5/1/19	5/1/19	NA
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	5/1/19	5/1/19	NA
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	5/1/19	5/1/19	NA
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	5/1/19	5/1/19	NA
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	5/1/19	5/1/19	NA
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); TOE(S), EACH	5/1/19	5/1/19	NA
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	5/1/19	5/1/19	NA
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	5/1/19	5/1/19	NA
28150	PHALANGECTOMY, TOE, EACH TOE	5/1/19	5/1/19	NA
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	5/1/19	5/1/19	NA
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF PHALANX, EACH	5/1/19	5/1/19	NA
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	5/1/19	5/1/19	NA
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	5/1/19	5/1/19	NA
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	5/1/19	5/1/19	NA
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	5/1/19	5/1/19	NA
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	5/1/19	5/1/19	NA

28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	5/1/19	5/1/19	NA
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	5/1/19	5/1/19	NA
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	5/1/19	5/1/19	NA
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	5/1/19	5/1/19	NA
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	5/1/19	5/1/19	NA
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	5/1/19	5/1/19	NA
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	5/1/19	5/1/19	NA
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	5/1/19	5/1/19	NA
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	5/1/19	5/1/19	NA
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	5/1/19	5/1/19	NA
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	5/1/19	5/1/19	NA
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	5/1/19	5/1/19	NA
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	5/1/19	5/1/19	NA
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	5/1/19	5/1/19	NA
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	5/1/19	5/1/19	NA
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	5/1/19	5/1/19	NA
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTRASOUND GUIDANCE, INVOLVING THE PLANTAR FASCIA			
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	5/1/19	5/1/19	NA
29010	APPLICATION OF RISSE JACKET, LOCALIZER, BODY; ONLY	5/1/19	5/1/19	NA
29015	APPLICATION OF RISSE JACKET, LOCALIZER, BODY; INCLUDING HEAD	5/1/19	5/1/19	NA
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	5/1/19	5/1/19	NA
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	5/1/19	5/1/19	NA
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING 1 THIGH	5/1/19	5/1/19	NA
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	5/1/19	5/1/19	NA
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	5/1/19	5/1/19	NA
29055	APPLICATION, CAST; SHOULDER SPICA	5/1/19	5/1/19	NA
29058	APPLICATION, CAST; PLASTER VELPEAU	5/1/19	5/1/19	NA
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	5/1/19	5/1/19	NA
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	5/1/19	5/1/19	NA
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	5/1/19	5/1/19	NA
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	5/1/19	5/1/19	NA
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	5/1/19	5/1/19	NA
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	5/1/19	5/1/19	NA

29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	5/1/19	5/1/19	NA
29130	APPLICATION OF FINGER SPLINT; STATIC	5/1/19	5/1/19	NA
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	5/1/19	5/1/19	NA
29200	STRAPPING; THORAX	5/1/19	5/1/19	NA
29240	STRAPPING; SHOULDER (EG, VELPEAU)	5/1/19	5/1/19	NA
29260	STRAPPING; ELBOW OR WRIST	5/1/19	5/1/19	NA
29280	STRAPPING; HAND OR FINGER	5/1/19	5/1/19	NA
29305	APPLICATION OF HIP SPICA CAST; 1 LEG	5/1/19	5/1/19	NA
29325	APPLICATION OF HIP SPICA CAST; 1 AND ONE-HALF SPICA OR BOTH LEGS	5/1/19	5/1/19	NA
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	5/1/19	5/1/19	NA
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	5/1/19	5/1/19	NA
29358	APPLICATION OF LONG LEG CAST BRACE	5/1/19	5/1/19	NA
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	5/1/19	5/1/19	NA
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	5/1/19	5/1/19	NA
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	5/1/19	5/1/19	NA
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	5/1/19	5/1/19	NA
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	5/1/19	5/1/19	NA
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	5/1/19	5/1/19	NA
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	5/1/19	5/1/19	NA
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	5/1/19	5/1/19	NA
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	5/1/19	5/1/19	NA
29520	STRAPPING; HIP	5/1/19	5/1/19	NA
29530	STRAPPING; KNEE	5/1/19	5/1/19	NA
29540	STRAPPING; ANKLE AND/OR FOOT	5/1/19	5/1/19	NA
29550	STRAPPING; TOES	5/1/19	5/1/19	NA
29580	STRAPPING; UNNA BOOT	5/1/19	5/1/19	NA
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE AND FOOT	5/1/19	5/1/19	NA
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FINGERS	5/1/19	5/1/19	NA
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	5/1/19	5/1/19	NA
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	5/1/19	5/1/19	NA
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISER JACKET, ETC.	5/1/19	5/1/19	NA
29720	REPAIR OF SPICA, BODY CAST OR JACKET	5/1/19	5/1/19	NA
29730	WINDOWING OF CAST	5/1/19	5/1/19	NA
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	5/1/19	5/1/19	NA
29750	WEDGING OF CLUBFOOT CAST	5/1/19	5/1/19	NA
29870	#REF!	4/1/15	4/1/15	NA
29871	#REF!	4/1/15	4/1/15	NA
29873	#REF!	4/1/15	4/1/15	NA
29874	#REF!	4/1/15	4/1/15	NA
29875	#REF!	4/1/15	4/1/15	NA
29876	#REF!	4/1/15	4/1/15	NA
29877	#REF!	4/1/15	4/1/15	NA
29879	#REF!	4/1/15	4/1/15	NA
29880	#REF!	4/1/15	4/1/15	NA
29881	#REF!	4/1/15	4/1/15	NA
29882	#REF!	4/1/15	4/1/15	NA
29883	#REF!	4/1/15	4/1/15	NA
29884	#REF!	4/1/15	4/1/15	NA
29885	#REF!	4/1/15	4/1/15	NA
29886	#REF!	4/1/15	4/1/15	NA
29887	#REF!	4/1/15	4/1/15	NA
29888	#REF!	4/1/15	4/1/15	NA
29889	#REF!	4/1/15	4/1/15	NA
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	5/1/19	5/1/19	NA
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	5/1/19	5/1/19	NA
30100	BIOPSY, INTRANASAL	5/1/19	5/1/19	NA
30110	EXCISION, NASAL POLYP(S), SIMPLE	5/1/19	5/1/19	NA
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	5/1/19	5/1/19	NA

30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	5/1/19	5/1/19	NA
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	5/1/19	5/1/19	NA
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	5/1/19	5/1/19	NA
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	5/1/19	5/1/19	NA
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	5/1/19	5/1/19	NA
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	5/1/19	5/1/19	NA
30560	LYSIS INTRANASAL SYNECHIA	5/1/19	5/1/19	NA
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); SUPERFICIAL ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	5/1/19	5/1/19	NA
30802	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	5/1/19	5/1/19	NA
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	5/1/19	5/1/19	NA
30903	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; INITIAL	5/1/19	5/1/19	NA
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; SUBSEQUENT	5/1/19	5/1/19	NA
30906	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	5/1/19	5/1/19	NA
30930	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	5/1/19	5/1/19	NA
31000	LAVAGE BY CANNULATION; SPHENOID SINUS	5/1/19	5/1/19	NA
31002	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	5/1/19	5/1/19	NA
31050	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
31231	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)	5/1/19	5/1/19	NA
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)	5/1/19	5/1/19	NA
31235	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	5/1/19	5/1/19	NA
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	5/1/19	5/1/19	NA
31240	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	5/1/19	5/1/19	NA
31254	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	5/1/19	5/1/19	NA
31256	Nasal/sinus endoscopy, surgical, with ethmoidectomy, total, with removal of tissue from the sphenoid sinus	12/1/23	12/1/23	NA
31259	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	5/1/19	5/1/19	NA
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	5/1/19	5/1/19	NA
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	5/1/19	5/1/19	NA
31288	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA	5/1/19	5/1/19	NA
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	5/1/19	5/1/19	NA
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	5/1/19	5/1/19	NA
31297				

31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)	5/1/19	5/1/19	NA
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	5/1/19	5/1/19	NA
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	5/1/19	5/1/19	NA
31505	LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	5/1/19	5/1/19	NA
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	5/1/19	5/1/19	NA
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	5/1/19	5/1/19	NA
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	5/1/19	5/1/19	NA
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	5/1/19	5/1/19	NA
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	5/1/19	5/1/19	NA
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/19	5/1/19	NA
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	5/1/19	5/1/19	NA
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	5/1/19	5/1/19	NA
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	5/1/19	5/1/19	NA
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	5/1/19	5/1/19	NA
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/19	5/1/19	NA
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	5/1/19	5/1/19	NA
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/19	5/1/19	NA
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	5/1/19	5/1/19	NA
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/19	5/1/19	NA
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	5/1/19	5/1/19	NA
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE	5/1/19	5/1/19	NA
31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER, UNILATERAL	5/1/19	5/1/19	NA
31573	LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED PERCUTANEOUS, TRANSORAL, OR VIA ENDOSCOPE CHANNEL), UNILATERAL	5/1/19	5/1/19	NA
31574	LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG, PERCUTANEOUS, TRANSORAL), UNILATERAL	5/1/19	5/1/19	NA
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	5/1/19	5/1/19	NA
31576	LARYNGOSCOPY, FLEXIBLE; WITH BIOPSY(IES)	5/1/19	5/1/19	NA
31577	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	5/1/19	5/1/19	NA
31578	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF LESION(S), NON-LASER	5/1/19	5/1/19	NA
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY	5/1/19	5/1/19	NA
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	5/1/19	5/1/19	NA
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	5/1/19	5/1/19	NA
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRUSHING OR PROTECTED BRUSHINGS	5/1/19	5/1/19	NA

31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL ALVEOLAR LAVAGE	5/1/19	5/1/19	NA
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES	5/1/19	5/1/19	NA
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])	5/1/19	5/1/19	NA
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL LUNG BIOPSY(S), SINGLE LOBE	5/1/19	5/1/19	NA
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), TRACHEA, MAIN STEM AND/OR LOBAR BRONCHUS(I)	5/1/19	5/1/19	NA
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRACHEAL/BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	5/1/19	5/1/19	NA
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF TRACHEAL STENT(S) (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED)	5/1/19	5/1/19	NA
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL LUNG BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WITH ASSESSMENT OF AIR LEAK, WITH ADMINISTRATION OF OCCLUSIVE SUBSTANCE (EG, FIBRIN GLUE), IF PERFORMED	5/1/19	5/1/19	NA
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF FOREIGN BODY	5/1/19	5/1/19	NA
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF BRONCHIAL STENT(S) (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED), INITIAL BRONCHUS	5/1/19	5/1/19	NA
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; EACH ADDITIONAL MAJOR BRONCHUS STENTED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REVISION OF TRACHEAL OR BRONCHIAL STENT INSERTED AT PREVIOUS SESSION (INCLUDES TRACHEAL/BRONCHIAL DILATION AS REQUIRED)	5/1/19	5/1/19	NA
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH EXCISION OF TUMOR	5/1/19	5/1/19	NA
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER THERAPY, CRYOTHERAPY)	5/1/19	5/1/19	NA

31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION	5/1/19	5/1/19	NA
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL	5/1/19	5/1/19	NA
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT, SAME HOSPITAL STAY	5/1/19	5/1/19	NA
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED, ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S), INITIAL LOBE	5/1/19	5/1/19	NA
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE(S), INITIAL LOBE	5/1/19	5/1/19	NA
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED, ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVE(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])	5/1/19	5/1/19	NA
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY[IES]), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	5/1/19	5/1/19	NA
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY[IES]), 3 OR MORE MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	5/1/19	5/1/19	NA
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC INTERVENTION(S) FOR PERIPHERAL LESION(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])	5/1/19	5/1/19	NA
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE	5/1/19	5/1/19	NA
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	5/1/19	5/1/19	NA
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	5/1/19	5/1/19	NA
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	5/1/19	5/1/19	NA
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	5/1/19	5/1/19	NA
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/STENT OR INDWELLING TUBE FOR OXYGEN THERAPY	5/1/19	5/1/19	NA
32400	BIOPSY, PLEURA, PERCUTANEOUS NEEDLE	5/1/19	5/1/19	NA
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE RESECTION AND REPAIR OF PORTION OF BRONCHUS	5/1/19	5/1/19	NA
32501	(BRONCHOPLASTY) WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

32506	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
32507	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	5/1/19	5/1/19	NA
32551	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG, WATER SEAL), WHEN PERFORMED, OPEN (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	5/1/19	5/1/19	NA
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE	5/1/19	5/1/19	NA
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE	5/1/19	5/1/19	NA
32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, TALC FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	5/1/19	5/1/19	NA
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED EFFUSION); INITIAL DAY	5/1/19	5/1/19	NA
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED EFFUSION); SUBSEQUENT DAY	5/1/19	5/1/19	NA
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS, PERICARDIAL SAC, MEDIASTINAL OR PLEURAL SPACE, WITHOUT BIOPSY	5/1/19	5/1/19	NA
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	5/1/19	5/1/19	NA
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL	5/1/19	5/1/19	NA
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL	5/1/19	5/1/19	NA
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	5/1/19	5/1/19	NA
32667	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS/SBRT), (PHOTON OR PARTICLE BEAM), ENTIRE COURSE OF TREATMENT	5/1/19	5/1/19	NA
32800	#REF!	4/1/15	4/1/15	NA
32850	DONOR PNEUMONECTOMY(S) (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	5/1/19	5/1/19	NA
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	5/1/19	5/1/19	NA
33010	PERICARDIOCENTESIS; INITIAL	5/1/19	5/1/19	NA
33011	PERICARDIOCENTESIS; SUBSEQUENT	5/1/19	5/1/19	NA
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC ELECTRODE OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	5/1/19	5/1/19	NA
33241	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	5/1/19	5/1/19	NA
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	5/1/19	5/1/19	NA
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	5/1/19	5/1/19	NA
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED IN CONJUNCTION WITH CORONARY ARTERY BYPASS GRAFT PROCEDURE, EACH VESSEL (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEART PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)	5/1/19	5/1/19	NA
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	5/1/19	5/1/19	NA
33948	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT, EACH DAY, VENO-VENOUS	5/1/19	5/1/19	NA
33949	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT, EACH DAY, VENO-ARTERIAL	5/1/19	5/1/19	NA
33957	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
33958	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
33959	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
33962	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
33965	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, BIRTH THROUGH 5 YEARS OF AGE	5/1/19	5/1/19	NA

33966	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), PERCUTANEOUS, 6 YEARS AND OLDER	5/1/19	5/1/19	NA
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	5/1/19	5/1/19	NA
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	5/1/19	5/1/19	NA
33969	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, BIRTH THROUGH 5 YEARS OF AGE	5/1/19	5/1/19	NA
33984	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL (ARTERIAL AND/OR VENOUS) CANNULA(E), OPEN, 6 YEARS AND OLDER	5/1/19	5/1/19	NA
33987	ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT (EG, CHIMNEY GRAFT) TO FACILITATE ARTERIAL PERFUSION FOR ECMO/ECLS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	5/1/19	5/1/19	NA
33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	5/1/19	5/1/19	NA
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
34834	OPEN BRACHIAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT REQUIRING A MINIMUM OF 90 MINUTES OF PHYSICIAN TIME	5/1/19	5/1/19	NA
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
35400	ANGIOSCOPY (NONCORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
35600	HARVEST OF UPPER EXTREMITY ARTERY, 1 SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
35681	BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY, OR OTHER DISTAL VESSELS, MORE THAN 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
35901	EXCISION OF INFECTED GRAFT; NECK	5/1/19	5/1/19	NA
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	5/1/19	5/1/19	NA
35905	EXCISION OF INFECTED GRAFT; THORAX	5/1/19	5/1/19	NA
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	5/1/19	5/1/19	NA
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	5/1/19	5/1/19	NA
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM			
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	5/1/19	5/1/19	NA
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	5/1/19	5/1/19	NA
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	5/1/19	5/1/19	NA
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINUS)	5/1/19	5/1/19	NA
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	5/1/19	5/1/19	NA
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	5/1/19	5/1/19	NA
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	5/1/19	5/1/19	NA
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	5/1/19	5/1/19	NA
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER, UPPER OR LOWER EXTREMITY ARTERY	5/1/19	5/1/19	NA
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	5/1/19	5/1/19	NA
36200	INTRODUCTION OF CATHETER, AORTA	5/1/19	5/1/19	NA
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	5/1/19	5/1/19	NA
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	5/1/19	5/1/19	NA
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	5/1/19	5/1/19	NA
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL, AND/OR INTRACRANIAL VESSELS, UNILATERAL OR BILATERAL, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED			
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	5/1/19	5/1/19	NA

36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES, UNILATERAL, WITH ANGIOGRAPHY OF THE SELECTED VESSEL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (EG, MIDDLE CEREBRAL ARTERY, POSTERIOR INFERIOR CEREBELLAR ARTERY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	5/1/19	5/1/19	NA
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	5/1/19	5/1/19	NA
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)	5/1/19	5/1/19	NA
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY, INCLUDING ARTERIAL PUNCTURE AND CATHETER PLACEMENT(S), FLUOROSCOPY, CONTRAST INJECTION(S), IMAGE POSTPROCESSING, PERMANENT RECORDING OF IMAGES, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDING PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED, AND FLUSH AORTOGRAM WHEN PERFORMED; UNILATERAL	5/1/19	5/1/19	NA
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	5/1/19	5/1/19	NA
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE)	5/1/19	5/1/19	NA
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	5/1/19	5/1/19	NA
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	5/1/19	5/1/19	NA
36430	Transfusion, Blood or blood components	12/1/16	12/1/16	NA
36450	Exchange Transfusion, Blood	12/1/16	12/1/16	NA
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	5/1/19	5/1/19	NA
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	5/1/19	5/1/19	NA
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	5/1/19	5/1/19	NA
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	5/1/19	5/1/19	NA
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	5/1/19	5/1/19	NA
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	5/1/19	5/1/19	NA
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION	5/1/19	5/1/19	NA
36522	PHOTOPHERESIS, EXTRACORPOREAL	5/1/19	5/1/19	NA
36556	#REF!	4/1/15	4/1/15	NA
36558	#REF!	4/1/15	4/1/15	NA
36561	#REF!	4/1/15	4/1/15	NA
36563	#REF!	4/1/15	4/1/15	NA
36565	#REF!	4/1/15	4/1/15	NA
36566	#REF!	4/1/15	4/1/15	NA
36569	#REF!	4/1/15	4/1/15	NA
36571	#REF!	4/1/15	4/1/15	NA
36575	#REF!	4/1/15	4/1/15	NA
36576	#REF!	4/1/15	4/1/15	NA
36578	#REF!	4/1/15	4/1/15	NA
36580	#REF!	4/1/15	4/1/15	NA
36581	#REF!	4/1/15	4/1/15	NA
36582	#REF!	4/1/15	4/1/15	NA

36583	#REF!	4/1/15	4/1/15	NA
36584	#REF!	4/1/15	4/1/15	NA
36585	#REF!	4/1/15	4/1/15	NA
36589	#REF!	4/1/15	4/1/15	NA
36590	#REF!	4/1/15	4/1/15	NA
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	5/1/19	5/1/19	NA
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	5/1/19	5/1/19	NA
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS	5/1/19	5/1/19	NA
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	5/1/19	5/1/19	NA
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	5/1/19	5/1/19	NA
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY, IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	5/1/19	5/1/19	NA
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	5/1/19	5/1/19	NA
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	5/1/19	5/1/19	NA
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	5/1/19	5/1/19	NA
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	5/1/19	5/1/19	NA
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN TO VEIN	5/1/19	5/1/19	NA
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	5/1/19	5/1/19	NA
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE	5/1/19	5/1/19	NA
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	5/1/19	5/1/19	NA
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	5/1/19	5/1/19	NA
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA, FLUOROSCOPIC GUIDANCE, RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT;	5/1/19	5/1/19	NA
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA, FLUOROSCOPIC GUIDANCE, RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT; WITH TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL DIALYSIS SEGMENT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY			

36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
36908	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING, AND ALL ANGIOPLASTY IN THE CENTRAL DIALYSIS SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS), ENDOVASCULAR, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, NON-INTRACRANIAL, ARTERIAL OR ARTERIAL BYPASS GRAFT, INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S); SECOND AND ALL SUBSEQUENT VESSEL(S) WITHIN THE SAME VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY MECHANICAL THROMBECTOMY PROCEDURE)	5/1/19	5/1/19	NA
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNARE BASKET, SUCTION TECHNIQUE), NONCORONARY, NON-INTRACRANIAL, ARTERIAL OR ARTERIAL BYPASS GRAFT, INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS, PROVIDED IN CONJUNCTION WITH ANOTHER PERCUTANEOUS INTERVENTION OTHER THAN PRIMARY MECHANICAL THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS AND FLUOROSCOPIC GUIDANCE, REPEAT TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY	5/1/19	5/1/19	NA
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPING, AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY), WHEN PERFORMED	5/1/19	5/1/19	NA
37200	TRANSCATHETER BIOPSY	5/1/19	5/1/19	NA
37213	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, CONTINUED TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY, INCLUDING FOLLOW-UP CATHETER CONTRAST INJECTION, POSITION CHANGE, OR EXCHANGE, WHEN PERFORMED;	5/1/19	5/1/19	NA
37214	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, CONTINUED TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY, INCLUDING FOLLOW-UP CATHETER CONTRAST INJECTION, POSITION CHANGE, OR EXCHANGE, WHEN PERFORMED; CESSATION OF THROMBOLYSIS INCLUDING REMOVAL OF CATHETER AND VESSEL CLOSURE BY ANY METHOD	5/1/19	5/1/19	NA

37222	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37223	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37232	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37234	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULMONARY, OR DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; INITIAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	5/1/19	5/1/19	NA
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	5/1/19	5/1/19	NA

37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLOTEAL JUNCTION (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	5/1/19	5/1/19	NA
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	5/1/19	5/1/19	NA
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	5/1/19	5/1/19	NA
38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	5/1/19	5/1/19	NA
38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	5/1/19	5/1/19	NA
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	5/1/19	5/1/19	NA
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	5/1/19	5/1/19	NA
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	5/1/19	5/1/19	NA
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	5/1/19	5/1/19	NA
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	5/1/19	5/1/19	NA
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	5/1/19	5/1/19	NA
38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PERIPANCREATIC, WITH OR WITHOUT PARA-AORTIC AND VENA CAVAL NODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	5/1/19	5/1/19	NA
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	5/1/19	5/1/19	NA
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN PERFORMED	5/1/19	5/1/19	NA
39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	5/1/19	5/1/19	NA
40490	BIOPSY OF LIP	5/1/19	5/1/19	NA
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	5/1/19	5/1/19	NA
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	5/1/19	5/1/19	NA
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	5/1/19	5/1/19	NA
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	5/1/19	5/1/19	NA
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	5/1/19	5/1/19	NA
40808	BIOPSY, VESTIBULE OF MOUTH	5/1/19	5/1/19	NA
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	5/1/19	5/1/19	NA
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	5/1/19	5/1/19	NA
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	5/1/19	5/1/19	NA
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	5/1/19	5/1/19	NA
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	5/1/19	5/1/19	NA
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	5/1/19	5/1/19	NA
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	5/1/19	5/1/19	NA
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	5/1/19	5/1/19	NA

41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL	5/1/19	5/1/19	NA
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID	5/1/19	5/1/19	NA
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	5/1/19	5/1/19	NA
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	5/1/19	5/1/19	NA
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	5/1/19	5/1/19	NA
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	5/1/19	5/1/19	NA
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	5/1/19	5/1/19	NA
41108	BIOPSY OF FLOOR OF MOUTH	5/1/19	5/1/19	NA
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	5/1/19	5/1/19	NA
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	5/1/19	5/1/19	NA
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	5/1/19	5/1/19	NA
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	5/1/19	5/1/19	NA
41116	EXCISION, LESION OF FLOOR OF MOUTH	5/1/19	5/1/19	NA
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	5/1/19	5/1/19	NA
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	5/1/19	5/1/19	NA
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	5/1/19	5/1/19	NA
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	5/1/19	5/1/19	NA
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	5/1/19	5/1/19	NA
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	5/1/19	5/1/19	NA
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	5/1/19	5/1/19	NA
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	5/1/19	5/1/19	NA
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	5/1/19	5/1/19	NA
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	5/1/19	5/1/19	NA
42100	BIOPSY OF PALATE, UVULA	5/1/19	5/1/19	NA
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	5/1/19	5/1/19	NA
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	5/1/19	5/1/19	NA
42140	UVULECTOMY, EXCISION OF UVULA	5/1/19	5/1/19	NA
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	5/1/19	5/1/19	NA
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	5/1/19	5/1/19	NA
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	5/1/19	5/1/19	NA
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	5/1/19	5/1/19	NA
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	5/1/19	5/1/19	NA
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	5/1/19	5/1/19	NA
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	5/1/19	5/1/19	NA
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	5/1/19	5/1/19	NA
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	5/1/19	5/1/19	NA
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	5/1/19	5/1/19	NA
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	5/1/19	5/1/19	NA
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	5/1/19	5/1/19	NA
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	5/1/19	5/1/19	NA
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	5/1/19	5/1/19	NA
42650	DILATION SALIVARY DUCT	5/1/19	5/1/19	NA
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	5/1/19	5/1/19	NA
42665	LIGATION SALIVARY DUCT, INTRAORAL	5/1/19	5/1/19	NA

42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	5/1/19	5/1/19	NA
42800	BIOPSY; OROPHARYNX	5/1/19	5/1/19	NA
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	5/1/19	5/1/19	NA
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	5/1/19	5/1/19	NA
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	5/1/19	5/1/19	NA
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	5/1/19	5/1/19	NA
42821	#REF!	4/1/15	4/1/15	NA
42826	#REF!	4/1/15	4/1/15	NA
42831	#REF!	4/1/15	4/1/15	NA
42836	#REF!	4/1/15	4/1/15	NA
42860	EXCISION OF TONSIL TAGS	5/1/19	5/1/19	NA
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE	5/1/19	5/1/19	NA
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger)	4/1/15	4/1/15	NA
43235	#REF!	4/1/15	4/1/15	NA
43236	#REF!	4/1/15	4/1/15	NA
43237	#REF!	4/1/15	4/1/15	NA
43238	#REF!	4/1/15	4/1/15	NA
43239	#REF!	4/1/15	4/1/15	NA
43240	#REF!	4/1/15	4/1/15	NA
43241	#REF!	4/1/15	4/1/15	NA
43242	#REF!	4/1/15	4/1/15	NA
43243	#REF!	4/1/15	4/1/15	NA
43244	#REF!	4/1/15	4/1/15	NA
43245	#REF!	4/1/15	4/1/15	NA
43246	#REF!	4/1/15	4/1/15	NA
43247	#REF!	4/1/15	4/1/15	NA
43248	#REF!	4/1/15	4/1/15	NA
43249	#REF!	4/1/15	4/1/15	NA
43250	#REF!	4/1/15	4/1/15	NA
43251	#REF!	4/1/15	4/1/15	NA
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	4/1/15	4/1/15	NA
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4/1/15	4/1/15	NA
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4/1/15	4/1/15	NA
43255	#REF!	4/1/15	4/1/15	NA
43257	#REF!	4/1/15	4/1/15	NA
43259	#REF!	4/1/15	4/1/15	NA
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
43266	#REF!	4/1/15	4/1/15	NA
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s)	4/1/15	4/1/15	NA
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF PANCREATIC/COMMON BILE DUCT(S) (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	5/1/19	5/1/19	NA
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	5/1/19	5/1/19	NA

43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAKEN TYPE)	5/1/19	5/1/19	NA
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE[S] FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND FLUOROSCOPIC GUIDANCE (INCLUDES FLUOROSCOPY, IMAGE DOCUMENTATION AND REPORT)	5/1/19	5/1/19	NA
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL HEMORRHAGE), INCLUDING LAVAGE IF PERFORMED	5/1/19	5/1/19	NA
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSIS)	5/1/19	5/1/19	NA
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION, SINGLE OR DOUBLE LUMEN TUBE (GASTRIC SECRETORY STUDY) (EG, HISTAMINE, INSULIN, PENTAGASTRIN, CALCIUM, SECRETIN), INCLUDES DRUG ADMINISTRATION	5/1/19	5/1/19	NA
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR CRYSTALS OR AFFERENT LOOP CULTURE)	5/1/19	5/1/19	NA
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER STIMULATION, SINGLE OR DOUBLE LUMEN TUBE, INCLUDES DRUG ADMINISTRATION	5/1/19	5/1/19	NA
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	5/1/19	5/1/19	NA
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR ENTERIC NUTRITION	5/1/19	5/1/19	NA
43870	CLOSURE OF GASTROSTOMY, SURGICAL	5/1/19	5/1/19	NA
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
44025	#REF!	4/1/15	4/1/15	NA
44050	#REF!	4/1/15	4/1/15	NA
44055	#REF!	4/1/15	4/1/15	NA
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (1 OR MORE SPECIMENS)	5/1/19	5/1/19	NA
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA

44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF FOREIGN BODY(S)	5/1/19	5/1/19	NA
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	5/1/19	5/1/19	NA
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	5/1/19	5/1/19	NA
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)	5/1/19	5/1/19	NA
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/19	5/1/19	NA
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	5/1/19	5/1/19	NA
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE	5/1/19	5/1/19	NA
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO PERCUTANEOUS JEJUNOSTOMY TUBE	5/1/19	5/1/19	NA
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
44381	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	5/1/19	5/1/19	NA
44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
44384	ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/19	5/1/19	NA
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR [S OR J]); DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR [S OR J]); WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
44388	#REF!	4/1/15	4/1/15	NA
44389	#REF!	4/1/15	4/1/15	NA
44390	#REF!	4/1/15	4/1/15	NA
44391	#REF!	4/1/15	4/1/15	NA
44392	#REF!	4/1/15	4/1/15	NA
44394	#REF!	4/1/15	4/1/15	NA
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE-AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/19	5/1/19	NA
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/19	5/1/19	NA
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	5/1/19	5/1/19	NA
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	5/1/19	5/1/19	NA

44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO THE SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES	5/1/19	5/1/19	NA
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S), INCLUDES ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE SIGMOID, DESCENDING, TRANSVERSE, OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES	5/1/19	5/1/19	NA
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/19	5/1/19	NA
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESSMENT OF DONOR SPECIMEN	5/1/19	5/1/19	NA
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	5/1/19	5/1/19	NA
44950	#REF!	4/1/15	4/1/15	NA
44955	#REF!	4/1/15	4/1/15	NA
44960	#REF!	4/1/15	4/1/15	NA
44970	#REF!	4/1/15	4/1/15	NA
45005		5/1/19	5/1/19	NA
45100	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	5/1/19	5/1/19	NA
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	5/1/19	5/1/19	NA
45305		5/1/19	5/1/19	NA
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	5/1/19	5/1/19	NA
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	5/1/19	5/1/19	NA
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/19	5/1/19	NA
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)	5/1/19	5/1/19	NA
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG, LASER)	5/1/19	5/1/19	NA
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	5/1/19	5/1/19	NA
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	5/1/19	5/1/19	NA
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
45331		5/1/19	5/1/19	NA
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S) SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	5/1/19	5/1/19	NA

45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD	5/1/19	5/1/19	NA
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	5/1/19	5/1/19	NA
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/19	5/1/19	NA
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	5/1/19	5/1/19	NA
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON DILATION	5/1/19	5/1/19	NA
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	5/1/19	5/1/19	NA
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S)	5/1/19	5/1/19	NA
45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/19	5/1/19	NA
45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/19	5/1/19	NA
45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	5/1/19	5/1/19	NA
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	5/1/19	5/1/19	NA
45355	#REF!	4/1/15	4/1/15	NA
45378	#REF!	4/1/15	4/1/15	NA
45379	#REF!	4/1/15	4/1/15	NA
45380	#REF!	4/1/15	4/1/15	NA
45381	#REF!	4/1/15	4/1/15	NA
45382	#REF!	4/1/15	4/1/15	NA
45383	#REF!	4/1/15	4/1/15	NA
45384	#REF!	4/1/15	4/1/15	NA
45385	#REF!	4/1/15	4/1/15	NA
45386	#REF!	4/1/15	4/1/15	NA
45387	#REF!	4/1/15	4/1/15	NA
45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	5/1/19	5/1/19	NA
45391	#REF!	4/1/15	4/1/15	NA
45392	#REF!	4/1/15	4/1/15	NA
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	5/1/19	5/1/19	NA
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	5/1/19	5/1/19	NA
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	5/1/19	5/1/19	NA
45900	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	5/1/19	5/1/19	NA
45905	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	5/1/19	5/1/19	NA
45910	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	5/1/19	5/1/19	NA
45915	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	5/1/19	5/1/19	NA
45990	PLACEMENT OF SETON	5/1/19	5/1/19	NA
46020	REMOVAL OF ANAL SETON, OTHER MARKER	5/1/19	5/1/19	NA
46030	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	5/1/19	5/1/19	NA
46050	INCISION, ANAL SEPTUM (INFANT)	5/1/19	5/1/19	NA
46070	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
46080	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	5/1/19	5/1/19	NA
46083	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	5/1/19	5/1/19	NA
46220				

46600	ANOSCOPY; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED	5/1/19	5/1/19	NA
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	5/1/19	5/1/19	NA
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT, WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	5/1/19	5/1/19	NA
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	5/1/19	5/1/19	NA
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	5/1/19	5/1/19	NA
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/19	5/1/19	NA
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE, STAPLER, PLASMA COAGULATOR)	5/1/19	5/1/19	NA
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNIQUE	5/1/19	5/1/19	NA
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	5/1/19	5/1/19	NA
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	5/1/19	5/1/19	NA
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL	5/1/19	5/1/19	NA
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION	5/1/19	5/1/19	NA
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY	5/1/19	5/1/19	NA
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY	5/1/19	5/1/19	NA
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION	5/1/19	5/1/19	NA
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/19	5/1/19	NA
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	5/1/19	5/1/19	NA
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	5/1/19	5/1/19	NA
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT	5/1/19	5/1/19	NA
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	5/1/19	5/1/19	NA
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	5/1/19	5/1/19	NA
47480	#REF!	4/1/15	4/1/15	NA

47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS	5/1/19	5/1/19	NA
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS (EG, PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM)	5/1/19	5/1/19	NA
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXTERNAL	5/1/19	5/1/19	NA
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/19	5/1/19	NA
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/19	5/1/19	NA
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING BILIARY STENTS), INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/19	5/1/19	NA
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS	5/1/19	5/1/19	NA
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEOUS, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, EACH DUCT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH, FORCEPS, AND/OR NEEDLE), INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS, INCLUDING DESTRUCTION OF CALCULI BY ANY METHOD (EG, MECHANICAL, ELECTROHYDRAULIC, LITHOTRIPSY) WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE	5/1/19	5/1/19	NA

47562	#REF!	4/1/15	4/1/15	NA
47563	#REF!	4/1/15	4/1/15	NA
47564	#REF!	4/1/15	4/1/15	NA
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	5/1/19	5/1/19	NA
		5/1/19	5/1/19	NA
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
		5/1/19	5/1/19	NA
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION			
	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS	5/1/19	5/1/19	NA
48552	ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH			
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	5/1/19	5/1/19	NA
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	5/1/19	5/1/19	NA
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	5/1/19	5/1/19	NA
		5/1/19	5/1/19	NA
49185	SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST INJECTION(S), SCLEROSANT INJECTION(S), DIAGNOSTIC STUDY, IMAGING GUIDANCE (EG, ULTRASOUND, FLUOROSCOPY) AND RADIOLOGICAL SUPERVISION AND INTERPRETATION WHEN PERFORMED			
		5/1/19	5/1/19	NA
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)			
	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
49326				
		5/1/19	5/1/19	NA
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGING GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
		5/1/19	5/1/19	NA
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); VISCERAL (EG, KIDNEY, LIVER, SPLEEN, LUNG/MEDIASTINUM), PERCUTANEOUS			
	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL OR RETROPERITONEAL, PERCUTANEOUS	5/1/19	5/1/19	NA
49406				
		5/1/19	5/1/19	NA
49407	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL OR RETROPERITONEAL, TRANSVAGINAL OR TRANSRECTAL			
		5/1/19	5/1/19	NA
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE			
		5/1/19	5/1/19	NA
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA- ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
		5/1/19	5/1/19	NA
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION, MANAGEMENT OF ASCITES), COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, CATHETER PLACEMENT, CONTRAST INJECTION WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS			

49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	5/1/19	5/1/19	NA
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT	5/1/19	5/1/19	NA
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	5/1/19	5/1/19	NA
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49450	#REF!	4/1/15	4/1/15	NA
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, ANY METHOD, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IF PERFORMED, IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49465	EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY, OR CECOSTOMY (OR OTHER COLONIC) TUBE, FROM A PERCUTANEOUS APPROACH INCLUDING IMAGE DOCUMENTATION AND REPORT	5/1/19	5/1/19	NA
49491	#REF!	4/1/15	4/1/15	NA
49492	#REF!	4/1/15	4/1/15	NA
49495	#REF!	4/1/15	4/1/15	NA
49496	#REF!	4/1/15	4/1/15	NA
49505	#REF!	4/1/15	4/1/15	NA
49507	#REF!	4/1/15	4/1/15	NA
49520	#REF!	4/1/15	4/1/15	NA
49521	#REF!	4/1/15	4/1/15	NA
49525	#REF!	4/1/15	4/1/15	NA
49550	#REF!	4/1/15	4/1/15	NA
49553	#REF!	4/1/15	4/1/15	NA
49555	#REF!	4/1/15	4/1/15	NA
49557	#REF!	4/1/15	4/1/15	NA
49560	#REF!	4/1/15	4/1/15	NA
49561	#REF!	4/1/15	4/1/15	NA
49565	#REF!	4/1/15	4/1/15	NA
49566	#REF!	4/1/15	4/1/15	NA

49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	5/1/19	5/1/19	NA
49570	#REF!	4/1/15	4/1/15	NA
49572	#REF!	4/1/15	4/1/15	NA
49580	#REF!	4/1/15	4/1/15	NA
49585	#REF!	4/1/15	4/1/15	NA
49587	#REF!	4/1/15	4/1/15	NA
49590	#REF!	4/1/15	4/1/15	NA
49652	#REF!	4/1/15	4/1/15	NA
49653	#REF!	4/1/15	4/1/15	NA
50060	#REF!	4/1/15	4/1/15	NA
50065	#REF!	4/1/15	4/1/15	NA
50070	#REF!	4/1/15	4/1/15	NA
50075	#REF!	4/1/15	4/1/15	NA
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	5/1/19	5/1/19	NA
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL OR BILATERAL	5/1/19	5/1/19	NA
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	5/1/19	5/1/19	NA
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	5/1/19	5/1/19	NA
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH	5/1/19	5/1/19	NA
50382	#REF!	4/1/15	4/1/15	NA
50384	#REF!	4/1/15	4/1/15	NA
50385	#REF!	4/1/15	4/1/15	NA
50386	#REF!	4/1/15	4/1/15	NA
50387	#REF!	4/1/15	4/1/15	NA
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING URETERAL STENT)	5/1/19	5/1/19	NA
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	5/1/19	5/1/19	NA
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY, PYELOSTOMY OR URETEROSTOMY TUBE (EG, ANTICARCINOGENIC OR ANTIFUNGAL AGENT)	5/1/19	5/1/19	NA
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO ESTABLISH NEPHROSTOMY TRACT, PERCUTANEOUS	5/1/19	5/1/19	NA
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	5/1/19	5/1/19	NA
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS	5/1/19	5/1/19	NA
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING ACCESS	5/1/19	5/1/19	NA
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/19	5/1/19	NA

50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, NEW ACCESS	5/1/19	5/1/19	NA
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, VIA PRE-EXISTING NEPHROSTOMY TRACT	5/1/19	5/1/19	NA
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	5/1/19	5/1/19	NA
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY	5/1/19	5/1/19	NA
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY	5/1/19	5/1/19	NA
50605	#REF!	4/1/15	4/1/15	NA
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	5/1/19	5/1/19	NA
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	5/1/19	5/1/19	NA
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CONDUIT	5/1/19	5/1/19	NA
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE	5/1/19	5/1/19	NA
50693	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; PRE-EXISTING NEPHROSTOMY TRACT	5/1/19	5/1/19	NA
50694	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS, WITHOUT SEPARATE NEPHROSTOMY CATHETER	5/1/19	5/1/19	NA
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
50947	#REF!	4/1/15	4/1/15	NA

50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY	5/1/19	5/1/19	NA
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY	5/1/19	5/1/19	NA
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BIOPSY	5/1/19	5/1/19	NA
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY	5/1/19	5/1/19	NA
51100	ASPIRATION OF BLADDER; BY NEEDLE	5/1/19	5/1/19	NA
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	5/1/19	5/1/19	NA
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	5/1/19	5/1/19	NA
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	5/1/19	5/1/19	NA
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCYSTOGRAPHY	5/1/19	5/1/19	NA
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	5/1/19	5/1/19	NA
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	5/1/19	5/1/19	NA
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)	5/1/19	5/1/19	NA
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	5/1/19	5/1/19	NA
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLOON)	5/1/19	5/1/19	NA
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	5/1/19	5/1/19	NA
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	5/1/19	5/1/19	NA
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	5/1/19	5/1/19	NA
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	5/1/19	5/1/19	NA
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	5/1/19	5/1/19	NA
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	5/1/19	5/1/19	NA
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRESSURE PROFILE STUDIES (IE, URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE	5/1/19	5/1/19	NA
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE), ANY TECHNIQUE	5/1/19	5/1/19	NA
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE) AND URETHRAL PRESSURE PROFILE STUDIES (IE, URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE	5/1/19	5/1/19	NA
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	5/1/19	5/1/19	NA
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	5/1/19	5/1/19	NA
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	5/1/19	5/1/19	NA
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	5/1/19	5/1/19	NA
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)	5/1/19	5/1/19	NA

51797	VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERITONEAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
52000	#REF!	4/1/15	4/1/15	NA
52282	#REF!	4/1/15	4/1/15	NA
52310	#REF!	4/1/15	4/1/15	NA
52315	#REF!	4/1/15	4/1/15	NA
52402	#REF!	4/1/15	4/1/15	NA
52601	#REF!	4/1/15	4/1/15	NA
52630	#REF!	4/1/15	4/1/15	NA
52647	#REF!	4/1/15	4/1/15	NA
52648	#REF!	4/1/15	4/1/15	NA
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	5/1/19	5/1/19	NA
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	5/1/19	5/1/19	NA
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	5/1/19	5/1/19	NA
53200	BIOPSY OF URETHRA	5/1/19	5/1/19	NA
53260		5/1/19	5/1/19	NA
53265	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	5/1/19	5/1/19	NA
53270	EXCISION OR FULGURATION; URETHRAL CARUNCLE	5/1/19	5/1/19	NA
53275	EXCISION OR FULGURATION; SKENE'S GLANDS	5/1/19	5/1/19	NA
53600	EXCISION OR FULGURATION; URETHRAL PROLAPSE	5/1/19	5/1/19	NA
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL	5/1/19	5/1/19	NA
53605	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT	5/1/19	5/1/19	NA
53620	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	5/1/19	5/1/19	NA
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL	5/1/19	5/1/19	NA
53660	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT	5/1/19	5/1/19	NA
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	5/1/19	5/1/19	NA
53665	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	5/1/19	5/1/19	NA
53855	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	5/1/19	5/1/19	NA
53860	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	5/1/19	5/1/19	NA
54001	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE	5/1/19	5/1/19	NA
54050	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	5/1/19	5/1/19	NA
54055		5/1/19	5/1/19	NA
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CHEMICAL	5/1/19	5/1/19	NA
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; ELECTRODESICCATION	5/1/19	5/1/19	NA
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CRYOSURGERY	5/1/19	5/1/19	NA
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY	5/1/19	5/1/19	NA
54100	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION	5/1/19	5/1/19	NA
54105		5/1/19	5/1/19	NA
54162	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/19	5/1/19	NA
	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
	BIOPSY OF PENIS; DEEP STRUCTURES	5/1/19	5/1/19	NA
	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	5/1/19	5/1/19	NA

54163	REPAIR INCOMPLETE CIRCUMCISION	5/1/19	5/1/19	NA
54164	FRENULOTOMY OF PENIS	5/1/19	5/1/19	NA
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	5/1/19	5/1/19	NA
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	5/1/19	5/1/19	NA
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	5/1/19	5/1/19	NA
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM			
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	5/1/19	5/1/19	NA
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
54640	#REF!	4/1/15	4/1/15	NA
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)	5/1/19	5/1/19	NA
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	5/1/19	5/1/19	NA
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	5/1/19	5/1/19	NA
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION	5/1/19	5/1/19	NA
55100	DRAINAGE OF SCROTAL WALL ABSCESS	5/1/19	5/1/19	NA
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
55250	#REF!	4/1/15	4/1/15	NA
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	5/1/19	5/1/19	NA
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	5/1/19	5/1/19	NA
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	5/1/19	5/1/19	NA
55801	#REF!	4/1/15	4/1/15	NA
55810	#REF!	4/1/15	4/1/15	NA
55812	#REF!	4/1/15	4/1/15	NA
55815	#REF!	4/1/15	4/1/15	NA
55821	#REF!	4/1/15	4/1/15	NA
55831	#REF!	4/1/15	4/1/15	NA
55840	#REF!	4/1/15	4/1/15	NA
55842	#REF!	4/1/15	4/1/15	NA
55845	#REF!	4/1/15	4/1/15	NA
55866	#REF!	4/1/15	4/1/15	NA
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	5/1/19	5/1/19	NA
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	5/1/19	5/1/19	NA
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	5/1/19	5/1/19	NA
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	5/1/19	5/1/19	NA
56441	LYSIS OF LABIAL ADHESIONS	5/1/19	5/1/19	NA
56442	HYMENOTOMY, SIMPLE INCISION	5/1/19	5/1/19	NA
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/19	5/1/19	NA
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)			
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); 1 LESION	5/1/19	5/1/19	NA
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	5/1/19	5/1/19	NA
56800	PLASTIC REPAIR OF INTROITUS	5/1/19	5/1/19	NA
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
56820	COLPOSCOPY OF THE VULVA;	5/1/19	5/1/19	NA
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	5/1/19	5/1/19	NA
57000	COLPOTOMY; WITH EXPLORATION	5/1/19	5/1/19	NA
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	5/1/19	5/1/19	NA

57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/19	5/1/19	NA
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)	5/1/19	5/1/19	NA
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	5/1/19	5/1/19	NA
57130	EXCISION OF VAGINAL SEPTUM	5/1/19	5/1/19	NA
57135	EXCISION OF VAGINAL CYST OR TUMOR	5/1/19	5/1/19	NA
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE	5/1/19	5/1/19	NA
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVIDS FOR CLINICAL BRACHYTHERAPY	5/1/19	5/1/19	NA
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	5/1/19	5/1/19	NA
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	5/1/19	5/1/19	NA
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	5/1/19	5/1/19	NA
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE (ANTERIOR, POSTERIOR COMPARTMENT), VAGINAL APPROACH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/19	5/1/19	NA
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/19	5/1/19	NA
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/19	5/1/19	NA
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	5/1/19	5/1/19	NA
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGINA/CERVIX	5/1/19	5/1/19	NA
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	5/1/19	5/1/19	NA
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	5/1/19	5/1/19	NA
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	5/1/19	5/1/19	NA
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	5/1/19	5/1/19	NA
57460	#REF!	4/1/15	4/1/15	NA
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	5/1/19	5/1/19	NA
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	5/1/19	5/1/19	NA
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	5/1/19	5/1/19	NA
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	5/1/19	5/1/19	NA
57513	CAUTERY OF CERVIX; LASER ABLATION	5/1/19	5/1/19	NA
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER	5/1/19	5/1/19	NA
57522	#REF!	4/1/15	4/1/15	NA
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	5/1/19	5/1/19	NA
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA

58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	5/1/19	5/1/19	NA
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	5/1/19	5/1/19	NA
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY (SIS) OR HYSTEROSALPINGOGRAPHY	5/1/19	5/1/19	NA
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	5/1/19	5/1/19	NA
58600	#REF!	4/1/15	4/1/15	NA
58611	#REF!	4/1/15	4/1/15	NA
58615	OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	5/1/19	5/1/19	NA
58670	#REF!	4/1/15	4/1/15	NA
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
59000	AMNIOCENTESIS; DIAGNOSTIC	5/1/19	5/1/19	NA
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)	5/1/19	5/1/19	NA
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	5/1/19	5/1/19	NA
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	5/1/19	5/1/19	NA
59020	FETAL CONTRACTION STRESS TEST	5/1/19	5/1/19	NA
59025	FETAL NON-STRESS TEST	5/1/19	5/1/19	NA
59030	FETAL SCALP BLOOD SAMPLING	5/1/19	5/1/19	NA
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPERVISION AND INTERPRETATION	5/1/19	5/1/19	NA
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; INTERPRETATION ONLY	5/1/19	5/1/19	NA
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	5/1/19	5/1/19	NA
59160	CURETTAGE, POSTPARTUM	5/1/19	5/1/19	NA
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	5/1/19	5/1/19	NA
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	5/1/19	5/1/19	NA
59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	5/1/19	5/1/19	NA
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	5/1/19	5/1/19	NA
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	5/1/19	5/1/19	NA
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	5/1/19	5/1/19	NA
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	5/1/19	5/1/19	NA
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	5/1/19	5/1/19	NA
60210	#REF!	4/1/15	4/1/15	NA
60212	#REF!	4/1/15	4/1/15	NA
60220	#REF!	4/1/15	4/1/15	NA
60225	#REF!	4/1/15	4/1/15	NA
60240	#REF!	4/1/15	4/1/15	NA
60252	#REF!	4/1/15	4/1/15	NA
60254	#REF!	4/1/15	4/1/15	NA
60260	#REF!	4/1/15	4/1/15	NA
60270	#REF!	4/1/15	4/1/15	NA
60271	#REF!	4/1/15	4/1/15	NA
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	5/1/19	5/1/19	NA
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION	5/1/19	5/1/19	NA
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT	5/1/19	5/1/19	NA

61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT	5/1/19	5/1/19	NA
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	5/1/19	5/1/19	NA
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61651	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, ARTERIAL, INCLUDING CATHETER PLACEMENT, DIAGNOSTIC ANGIOGRAPHY, AND IMAGING GUIDANCE; EACH ADDITIONAL VASCULAR TERRITORY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT SYSTEM OR EXTERNAL DRAINAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	5/1/19	5/1/19	NA
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (EG, CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 1 DAY	5/1/19	5/1/19	NA
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE FOR DIAGNOSTIC PURPOSES	5/1/19	5/1/19	NA
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	5/1/19	5/1/19	NA
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	5/1/19	5/1/19	NA
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	5/1/19	5/1/19	NA
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	5/1/19	5/1/19	NA
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	5/1/19	5/1/19	NA
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, LUMBAR	5/1/19	5/1/19	NA

62290	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR	5/1/19	5/1/19	NA
62291	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	5/1/19	5/1/19	NA
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	5/1/19	5/1/19	NA
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	5/1/19	5/1/19	NA
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	5/1/19	5/1/19	NA
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE	5/1/19	5/1/19	NA
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSCOPY OR CT)	5/1/19	5/1/19	NA
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	5/1/19	5/1/19	NA
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITHOUT REPROGRAMMING OR REFILL	5/1/19	5/1/19	NA

62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING	5/1/19	5/1/19	NA
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING AND REFILL	5/1/19	5/1/19	NA
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING AND REFILL (REQUIRING SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL)	5/1/19	5/1/19	NA
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	5/1/19	5/1/19	NA
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	5/1/19	5/1/19	NA
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	5/1/19	5/1/19	NA
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	5/1/19	5/1/19	NA
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	5/1/19	5/1/19	NA
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	5/1/19	5/1/19	NA
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	5/1/19	5/1/19	NA
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/19	5/1/19	NA
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	5/1/19	5/1/19	NA
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	5/1/19	5/1/19	NA
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	5/1/19	5/1/19	NA
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	5/1/19	5/1/19	NA
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	5/1/19	5/1/19	NA
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	5/1/19	5/1/19	NA
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	5/1/19	5/1/19	NA
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	5/1/19	5/1/19	NA
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/19	5/1/19	NA
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	5/1/19	5/1/19	NA
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/19	5/1/19	NA
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	5/1/19	5/1/19	NA
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)	5/1/19	5/1/19	NA
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITIONAL INJECTION SITE(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY CATHETER (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY INJECTION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY CONTINUOUS INFUSION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY CONTINUOUS INFUSIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	5/1/19	5/1/19	NA
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR (EG, TENS UNIT)	5/1/19	5/1/19	NA
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	5/1/19	5/1/19	NA
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	5/1/19	5/1/19	NA
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	5/1/19	5/1/19	NA
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	5/1/19	5/1/19	NA
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	5/1/19	5/1/19	NA
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	5/1/19	5/1/19	NA
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	5/1/19	5/1/19	NA
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSPHONIA), INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY, WHEN PERFORMED	5/1/19	5/1/19	NA
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	5/1/19	5/1/19	NA
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	5/1/19	5/1/19	NA
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES	5/1/19	5/1/19	NA
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	5/1/19	5/1/19	NA
64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES	5/1/19	5/1/19	NA
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	5/1/19	5/1/19	NA
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	5/1/19	5/1/19	NA
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	5/1/19	5/1/19	NA
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)	5/1/19	5/1/19	NA
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA

64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	5/1/19	5/1/19	NA
64795	BIOPSY OF NERVE	5/1/19	5/1/19	NA
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)	5/1/19	5/1/19	NA
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	5/1/19	5/1/19	NA
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)	5/1/19	5/1/19	NA
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	5/1/19	5/1/19	NA
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL NONPERFORATING	5/1/19	5/1/19	NA
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	5/1/19	5/1/19	NA
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	5/1/19	5/1/19	NA
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	5/1/19	5/1/19	NA
65410	BIOPSY OF CORNEA	5/1/19	5/1/19	NA
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	5/1/19	5/1/19	NA
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	5/1/19	5/1/19	NA
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	5/1/19	5/1/19	NA
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; SINGLE LAYER, SUTURED	5/1/19	5/1/19	NA
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQUEOUS	5/1/19	5/1/19	NA
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	5/1/19	5/1/19	NA
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	5/1/19	5/1/19	NA
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	5/1/19	5/1/19	NA
66982	#REF!	4/1/15	4/1/15	NA
66983	#REF!	4/1/15	4/1/15	NA
66984	#REF!	4/1/15	4/1/15	NA
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/1/19	5/1/19	NA
67028	#REF!	4/1/15	4/1/15	NA
67101	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; CRYOTHERAPY	5/1/19	5/1/19	NA
67105	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; PHOTOCOAGULATION	5/1/19	5/1/19	NA
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY EYE TREATMENT)	5/1/19	5/1/19	NA
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), CRYOTHERAPY, DIATHERMY	5/1/19	5/1/19	NA
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)	5/1/19	5/1/19	NA
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	5/1/19	5/1/19	NA
67346	BIOPSY OF EXTRAOCULAR MUSCLE	5/1/19	5/1/19	NA

67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	5/1/19	5/1/19	NA
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	5/1/19	5/1/19	NA
67505	RETROBULBAR INJECTION; ALCOHOL	5/1/19	5/1/19	NA
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE	5/1/19	5/1/19	NA
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	5/1/19	5/1/19	NA
67710	SEVERING OF TARSORRHAPHY	5/1/19	5/1/19	NA
67715	CANTHOTOMY (SEPARATE PROCEDURE)	5/1/19	5/1/19	NA
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	5/1/19	5/1/19	NA
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	5/1/19	5/1/19	NA
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNESS	5/1/19	5/1/19	NA
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	5/1/19	5/1/19	NA
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	5/1/19	5/1/19	NA
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	5/1/19	5/1/19	NA
68100	BIOPSY OF CONJUNCTIVA	5/1/19	5/1/19	NA
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	5/1/19	5/1/19	NA
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	5/1/19	5/1/19	NA
68135	DESTRUCTION OF LESION, CONJUNCTIVA	5/1/19	5/1/19	NA
68200	SUBCONJUNCTIVAL INJECTION	5/1/19	5/1/19	NA
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	5/1/19	5/1/19	NA
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	5/1/19	5/1/19	NA
68440	SNIP INCISION OF LACRIMAL PUNCTUM	5/1/19	5/1/19	NA
68510	BIOPSY OF LACRIMAL GLAND	5/1/19	5/1/19	NA
68525	BIOPSY OF LACRIMAL SAC	5/1/19	5/1/19	NA
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	5/1/19	5/1/19	NA
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	5/1/19	5/1/19	NA
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	5/1/19	5/1/19	NA
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	5/1/19	5/1/19	NA
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	5/1/19	5/1/19	NA
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	5/1/19	5/1/19	NA
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	5/1/19	5/1/19	NA
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT	5/1/19	5/1/19	NA
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	5/1/19	5/1/19	NA
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	5/1/19	5/1/19	NA
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	5/1/19	5/1/19	NA
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	5/1/19	5/1/19	NA
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	5/1/19	5/1/19	NA
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	5/1/19	5/1/19	NA
69100	BIOPSY EXTERNAL EAR	5/1/19	5/1/19	NA
69105	BIOPSY EXTERNAL AUDITORY CANAL	5/1/19	5/1/19	NA
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	5/1/19	5/1/19	NA
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	5/1/19	5/1/19	NA
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	5/1/19	5/1/19	NA
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	5/1/19	5/1/19	NA
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	5/1/19	5/1/19	NA
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	5/1/19	5/1/19	NA
69424	#REF!	4/1/15	4/1/15	NA
69433	#REF!	4/1/15	4/1/15	NA

69436	#REF!	4/1/15	4/1/15	NA
69540	EXCISION AURAL POLYP	5/1/19	5/1/19	NA
	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE	5/1/19	5/1/19	NA
69610	PREPARATION OF PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH			
69801	LABYRINTHOTOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S), TRANSCANAL	5/1/19	5/1/19	NA
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1	4/1/15	4/1/15	NA
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	4/1/15	4/1/15	NA
86001	#REF!	4/1/15	4/1/15	NA
86003	#REF!	4/1/15	4/1/15	NA
86005	#REF!	4/1/15	4/1/15	NA
93303	#REF!	4/1/15	4/1/15	NA
93304	#REF!	4/1/15	4/1/15	NA
93306	#REF!	4/1/15	4/1/15	NA
93307	#REF!	4/1/15	4/1/15	NA
93308	#REF!	4/1/15	4/1/15	NA
93312	#REF!	4/1/15	4/1/15	NA
93313	#REF!	4/1/15	4/1/15	NA
93314	#REF!	4/1/15	4/1/15	NA
93315	#REF!	4/1/15	4/1/15	NA
93316	#REF!	4/1/15	4/1/15	NA
93317	#REF!	4/1/15	4/1/15	NA
93318	#REF!	4/1/15	4/1/15	NA
93320	#REF!	4/1/15	4/1/15	NA
93321	#REF!	4/1/15	4/1/15	NA
93325	#REF!	4/1/15	4/1/15	NA
93350	#REF!	4/1/15	4/1/15	NA
93351	#REF!	4/1/15	4/1/15	NA
93352	#REF!	4/1/15	4/1/15	NA
95115	#REF!	4/1/15	4/1/15	NA
95117	#REF!	4/1/15	4/1/15	NA
95120	#REF!	4/1/15	4/1/15	NA
95125	#REF!	4/1/15	4/1/15	NA
95130	#REF!	4/1/15	4/1/15	NA
95131	#REF!	4/1/15	4/1/15	NA
95132	#REF!	4/1/15	4/1/15	NA
95133	#REF!	4/1/15	4/1/15	NA
95134	#REF!	4/1/15	4/1/15	NA
95144	#REF!	4/1/15	4/1/15	NA
95145	#REF!	4/1/15	4/1/15	NA
95146	#REF!	4/1/15	4/1/15	NA
95147	#REF!	4/1/15	4/1/15	NA
95148	#REF!	4/1/15	4/1/15	NA
95149	#REF!	4/1/15	4/1/15	NA
95165	#REF!	4/1/15	4/1/15	NA
95170	#REF!	4/1/15	4/1/15	NA
95180	#REF!	4/1/15	4/1/15	NA
96900	#REF!	4/1/15	4/1/15	NA
97760	#REF!	4/1/15	4/1/15	NA
97762	#REF!	4/1/15	4/1/15	NA
0528F	#REF!	4/1/15	4/1/15	NA
0529F	#REF!	4/1/15	4/1/15	NA
20610 w/J1040	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa) with methypenisolone injection	4/1/15	4/1/15	NA
3073F	#REF!	4/1/15	4/1/15	NA
93015, 93016, 93017, 93018	Cardiovascular stress test using maimal or submaximal treadmill or bicycle exercise, continious electrocardiogrphic monitoring, and/or phamacological stress	3/10/17	3/10/17	NA
93451-93460	Diagnositc, noncongenital coronary procedures	12/1/16	12/1/16	NA
93530-93533	Diagnositc, congenital coronary procedures	12/1/16	12/1/16	NA

95805, 95806, 95807, 95808, 95810, 95811	95805 - Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	3/10/17	3/10/17	NA
	95806 - Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)			
	95807 - Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist			
	95808 - Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist			
	95810 - Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist			
	95811 - Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist			
G0398, G0399	G0398- Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	3/10/17	3/10/17	NA
	G0399- Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation			